

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401464724

Date Received: 11/20/2017

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reoperation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10459
2. Name of Operator: EXTRACTION OIL & GAS INC
3. Address: 370 17TH STREET SUITE 5300
City: DENVER State: CO Zip: 80202
4. Contact Name: Troy Owens
Phone: (720) 557-8303
Fax:
Email: towens@extractionog.com

5. API Number 05-123-43515-00
6. County: WELD
7. Well Name: TC HILAND KNOLLS
Well Number: C6-9-11
8. Location: QtrQtr: NESE Section: 8 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/14/2017 End Date: 08/26/2017 Date of First Production this formation: 10/13/2017

Perforations Top: 7893 Bottom: 20383 No. Holes: 2136 Hole size: 11/25

Provide a brief summary of the formation treatment: Open Hole: []

60 stage plug and perf;
225890 total bbls fluid pumped: 225878 bbls fresh water and 12 bbls 15% HCl acid;
12601677 total lbs of 30/50 proppant pumped.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 225890 Max pressure during treatment (psi): 9453

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 12 Number of staged intervals: 60

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 3661

Fresh water used in treatment (bbl): 225878 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12601677 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/14/2017 Hours: 24 Bbl oil: 388 Mcf Gas: 1989 Bbl H2O: 685

Calculated 24 hour rate: Bbl oil: 388 Mcf Gas: 1989 Bbl H2O: 685 GOR: 5126

Test Method: Measured Casing PSI: 3473 Tubing PSI: 2808 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1297 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7728 Tbg setting date: 09/25/2017 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7893 Bottom: 20383 No. Holes: 1582 Hole size: 11/25

Provide a brief summary of the formation treatment: _____ Open Hole:

Producing intervals: 7893'-9465'; 9943'-10240'; 10479'-12455'; 14025'-14925'; 15525'-20383'

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 9465 Bottom: 15525 No. Holes: 554 Hole size: 11/25

Provide a brief summary of the formation treatment: Open Hole:

Producing intervals: 9465'-9943'; 10240'-10479'; 12455'-14025'; 14925'-15525'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Troy Owens

Title: Completions Engineer Date: 11/20/2017 Email towens@extractionog.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 401464724 FORM 5A SUBMITTED, 401464791 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Rows: Permit Form 7's ok. 05/08/2018, Engineer FracFocus late 12/26/2017

Total: 2 comment(s)